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CONFIRMATION NO. 1418

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
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| APPLICANTS Medasani Munisekhar, Andhra Pradesh, INDIA; CC | | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/IN04/00069 03/26/2004 CC | | | | | | |
| ** FOREIGN APPLICATIONS ***** INDIA 185/KOL/2003 03/27/2003 CC | | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 07/16/2006 | | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /CATHERYNE CHEN/ Acknowledged Examiner's Signature | | <input type="checkbox"/> Met after Allowance CC Initials | STATE OR COUNTRY INDIA | SHEETS DRAWINGS 0 | TOTAL CLAIMS 15 | INDEPENDENT CLAIMS 1 |
| ADDRESS BROOKS KUSHMAN P.C. 1000 TOWN CENTER TWENTY-SECOND FLOOR SOUTHFIELD, MI 48075 UNITED STATES | | | | | | |
| TITLE Keratolytic composition with anti-allergic anti-inflammatory properties | | | | | | |
| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |